CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

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CONTRACT SERVICES UNIT

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A Public Document

2006 JUL 19 PM 4:41

NAME (LAST)	(FIRST)	(MIDDI	-E)	DAYTIME TELEPHONE NUMBER
Throne, Lloyd				
MAILING ADDRESS STREET (May use business address)	CITY	STATE	ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
700 N. 10th Stre	et Sacramento	CA	95814	LThrone@csd.ca.gov
1. Office, Agency, or Court		4. Schedu	le Sumi	mary
Name of Office, Agency, or Court: Dept. of Community Svo	cs. & Development	→ Total numbincluding th		ge:
Division, Board, District, if applicable		→ Check appl interests."	icable sch	edules or "No reportable
Your Position:		I have discl attached so	_	sts on one or more of the
Director → If filing for multiple positions, list position(s): (Attach a separate s	9 / 1 / 1	Schedule A- Investments		— schedule attached % Ownership)
Agency:		Schedule A- Investments		– schedule attached er Ownership)
Position:		Schedule B Real Property		- schedule attached
2. Jurisdiction of Office (Ch	eck at least one box)	Schedule C Income, Loai and Travel Payi		— schedule attached ess Positions (Income Other than Gifts
State County of	1 1	Schedule D Income - Gir		- schedule attached
☐ City of		Schedule E Income – Tra		- schedule attached
Other			-	-or-
3. Type of Statement (Check	at least one box)	X No repor	table intere	ests on any schedule
☑ Assuming Office/Initial Date	:07 /11 / 06	5. Verificati	on	
Annual: The period covered is through December 31, 2005.	January 1, 2005,	statement. I ha	ave reviewe	able diligence in preparing this ed this statement and to the best
O The period covered is	, through	•		nation contained herein and in any ue and complete.
Leaving Office Date Left:/ (Check one)				perjury under the laws of the State egoing is true and correct.
 The period covered is Januar the date of leaving office. 	y 1, 2005, through	Date Signed ₋	7-10	9-06
-or-		-		(month, day, year)
The period covered is	/, through	Signature		

CALIFORNIA FORM

STATEMENT FOR ECONOMIC INTERESTS FAIR POLITICAL PRACTICES COMONOMIC INTERESTS PRACTICES COMONOMIC INTERESTS

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			HIIMA	H RESOURCES UNIT
NAME (LAST)	, (FIRST)	(MIDDLE)	.,.	DAYTIME TELEPHONE NUMBER
Throne, Lloyd				
MAILING ADDRESS STREET (May use business address)	CITY	STATE Z	ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
700 N. 10th Street,	Sacramento	CA 95	814	LThrone@csd.ca.gov
1. Office, Agency, or Court	t l	4. Schedule	Summ	a rv
Name of Office, Agency, or Court:			•	ary
Dept. of Community Services & E	Tevelopment	■ Total number of including this of the including this of the including the i		. 2
Division, Board, District, if applicable				-
		→ Check applica interests."	ble sched	ules or "No reportable
Your Position: Director		I have disclosed attached sched		s on one or more of the
→ If filing for multiple positions, list position(s): (Attach a separate and processes) Attach a separate and processes are also as the pr		Investments (Les	ss than 10% C	-
Agency:		Schedule A-2 Investments (10%		schedule attached 20 mership) 5 chedule attached 6 chedule 8 ched
Position:		Schedule B Real Property	Yes -	schedule attached NOV -
2. Jurisdiction of Office (Ch	eck at least one box)	Schedule C Income, Loans, and Travel Payment	& Business ls)	schedule attached Positions (Incomp Other than Girk
County of		Schedule D Income - Gifts	☐ Yes –	schedule attached 💭
City of				Z F
Multi-County		Schedule E Income – Travel		schedule attachted
Other			-O!	r-
3. Type of Statement (Check		No reportab	le interests	s on any schedule
	07 , 11 , 06			
		5. Verification	ŀ	a de la companya de l
Annual: The period covered is a through December 31, 2005.	January 1, 2005,	I have used all r	reasonable	e diligence in preparing this
-or-		statement, I have	reviewed t	this statement and to the best
O The period covered is/_ December 31, 2005.	/, through	attached schedule	e informat s is true a	ion contained herein and in any and complete.
Leaving Office Date Left:/. (Check one)	 /			ury under the laws of the State bing is true and correct.
 The period covered is January the date of leaving office. 	y 1, 2005, through	Date Signed	1-2	66
-or-				(month, day, year)
The period covered is/_ the date of leaving office.	/, through	Signature	no odorachi ka	

SCHEDULE A-2 Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

CALIFORNIA F	ORM 700
Name	
Lloyd Throne	

FPPC Toll-Free Helpline: 866/ASK-FPPC

> 1. BUSINESS ENTITY OR TRUST	➤ 1. BUSINESS ENTITY OR TRUST
Beth Stone	
Name	Name
	ivenic
Address	Address
Check one	Check one
☐ Trust, go to 2 ⊠ Business Entity, complete the box, then go to 2	Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Beth Stone, Speech Language Pathologist	
	FAIR MARKET MALLES
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$10,001 - \$100,000	\$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Sole Proprietorship Partnership	Sole Proprietorship Partnership
Other	Other
YOUR BUSINESS POSITION None	YOUR BUSINESS POSITION
\[\langle \text{ \ \text{ \ \text{ \text{ \text{ \text{ \text{ \text{ \text{ \text{ \text{ \	
> 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)	> 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST)
□ \$0 - \$499 □ \$10,001 - \$100,000	
\$500 - \$1,000 OVER \$100,000	\$10,001 - \$100,000 \$500 - \$1,000 OVER \$100,000
\$1,001 - \$10,000	\$1,001 - \$10,000
> 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF	> 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF
INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)	INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)
Beth Stone, Spouse	
·	
> 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST	> 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST
Check one box:	Check one box:
☐ INVESTMENT ☐ REAL PROPERTY	H `
[INVESTMENT [] NEAR PROPERTY	INVESTMENT REAL PROPERTY
Name of Business Entity or	Name of Business Entity or
Street Address or Assessor's Parcel Number of Real Property	Street Address or Assessor's Parcel Number of Real Property
Description of Business Activity or	Description of Business Activity or
City or Other Precise Location of Real Property	City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:	FAIR MARKET VALUE IF APPLICABLE, LIST DATE:
\$2,000 - \$10,000	\$2,000 - \$10,000
\$10,001 - \$100,000	\$10,001 - \$100,000
\$100,001 - \$1,000,000 ACQUIRED DISPOSED	\$100,001 - \$1,000,000 ACQUIRED DISPOSED
Over \$1,000,000	Over \$1,000,000
NATURE OF INTEREST	NATURE OF INTEREST
Property Ownership/Deed of Trust Stock Partnership	Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property	i e
are attached	Check box if additional schedules reporting investments or real property are attached
Comments:	EPDC Form 700 (2006)2006) Sob. A 2

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

the date of leaving office.

Candidate

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE



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A Public Document

Original to FPPC 4/2/07

NAME (LAST)	(FIRST)		(MIDDLE)	DAYTIME TELEPHONE NUMBER	
THRONE	LLOYT)				7
MAILING ADDRESS STREET	CITY		STATE	ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRE	SS
(May use business address)	> Which P	na 758	CAN	PA 958	14	
700 NOKIAT 10	Silver 10	11(200		U 130		
1. Office, Agency, or Court		4.	Schedule	e Summa	ıry	
Name of Office, Agency, or Court:	^	-	Total number		0	
Dept of Community SERVICE	13+1 buoloone		including this			
Division, Board, District, if applicable:	p I yera ji.	1 1	Chack applic	sahla Echadi	iles or "No reportable	
Division, Search, Station, is appreciated		1 1	cneck applic interests."	anie scheut	iles of Mo topostable	
Your Position:		-	l have disclo	sed interests	on one or more of the	
			attached sch	edules:		
DIRECTOR		-			schedule attached	
→ If filing for multiple positions, list a position(s): (Attach a separate shape)		"	Investments (L	ess than 10% O	wnership)	
pooliion(o). () staasii a ooperate o	.200 ,,.,	1 1		<i>—</i> •	schedule attached	
Agency:		_	Investments (1	Ť		
		1 1	Schedule B	_	schedule attached	
Position:			Real Property			
O I disting of Office (a)			Schedule C		schedule attached Positions (Income Other than Gifts	
2. Jurisdiction of Office (Che	ck at least one Dox)		and Travel Paym	ents)		
State			Schedule D	Yes –	schedule attached	
County of		-	Income – Gift	S		
City of	1	1 1	Schedule E		schedule attached	
Multi-County		-	Income Trav	vel Payments	N N N N N N N N N N N N N N N N N N N	
Other		_		-0	r- \hat{c} $\stackrel{\text{def}}{=}$ $\stackrel{\text{def}}{=}$	
			No report	table interest	s on any schedule	
3. Type of Statement (Check	at least one box)				<u> </u>	
Assuming Office/Initial Date:			Verification	on		
Annual: The period covered is Ja	лиагу 1. 2006.	1 1				
through December 31, 2006.	2,,22,,	et:	have used a atement I ha	ill reasonabl	le diligence in preparing thi this statement and to the be	s st
-or-	21 01	of	my knowledg	je the informa	tion contained herein and in ar	У
The period covered is 10/2	2L/UD through	at	tached sched	dules is true	and complete.	
December 31, 2006.		l	ertify under p	penalty of per	jury under the laws of the Stat	:e
Leaving Office Date Left:/_		of	California tl	hat the foreg	joing is true and correct.	•
(Check one) O The period covered is January	, 1 2006 through		•	- > ~		
the date of leaving office.	, 1, 2000, (iii) ugii		ate Signed _	5-2	-07	
-or-					(month, day, year)	
O The period covered is/_	/, through					

(File the originally signed statement with your filing official.)



Comments:

SCHEDULE A-2

Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

		7/(1)	
CALIFOR	MATEORI		U
FAIR ROLITICA	L FLAU I UES	LUMMISSIU	
Name			

Mrone, Lloyd

➤ 1. BUSINESS ENTITY OR TRUST	> 1. BUSINESS ENTITY OR TRUST
BETH STONE	
Name	Name
Address	Address
Check one Trust, go to 2 Business Entity, complete the box, then go to 2	Check one Trust, go to 2 Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY CONTROL STEECH LANGUAGE PATHOLOGIST	GENERAL DESCRIPTION OF BUSINESS ACTIVITY FAIR MARKET VALUE
Over \$1,000,000 NATURE OF INVESTMENT Sole Proprietorship Partnership Offner YOUR BUSINESS POSITION	NATURE OF INVESTMENT Sole Proprietorship Partnership Other YOUR BUSINESS POSITION
> 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) \$0 - \$499 \$10,001 - \$100,000 \$1,001 - \$10,000	> 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME TO THE ENTITY/TRUST) \$0 - \$499
> 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary) SETH STONE STONES	> 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (attach a separate sheet if necessary)
➤ 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY	> 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST Check one box: INVESTMENT REAL PROPERTY
Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property	Name of Business Entity or Street Address or Assessor's Parcel Number of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000 \$10,001 - \$100,000 \$100,001 - \$1,000,000 Over \$1,000,000	FAIR MARKET VALUE IF APPLICABLE, LIST DATE: \$2,000 - \$10,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Partnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached